

## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application number::	10676099
Filing Date::	10 / 02 / 03
Application Type::	REGULAR
Subject Matter::	UTILITY
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	NONE
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	METHOD AND ELECTROMAGNETIC SENSOR FOR MEASURING PARTIAL DISCHARGES IN WINDINGS OF ELECTRICAL DEVICES
Attorney Docket Number::	003-090
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	

Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:

**APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	ITALY
Status::	Full Capacity
Given Name::	MASSIMILIANO
Middle Name::	
Family Name::	VISINTIN
Name Suffix::	
City of Residence::	ZUERICH
State or Province of Residence::	
Country of Residence::	SWITZERLAND
Street of mailing address::	RIEDENHALDENSTRASSE 255
City of mailing address::	ZUERICH
State or Province of mailing address::	
Country of mailing address::	SWITZERLAND
Postal or Zip Code of mailing address::	CH-8046
Applicant Authority Type::	Inventor
Primary Citizenship Country::	ITALY
Status::	Full Capacity
Given Name::	GERMANO
Middle Name::	
Family Name::	RABACH
Name Suffix::	
City of Residence::	TRIESTE

State or Province of Residence::

Country of Residence::

ITALY

Street of mailing address::

VIA DEI CIPRESSI 3/2

City of mailing address::

TRIESTE

State or Province of mailing address::

Country of mailing address::

ITALY

Postal or Zip Code of mailing address::

I-34016

### CORRESPONDENCE INFORMATION

Correspondence Customer Number :: 36844

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

Adam@CermakIP.com

### REPRESENTATIVE INFORMATION

Representative Customer Number::	40391
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### DOMESTIC PRIORITY INFORMATION

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

## FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
EPO	02405849.7	10/02/02	YES

## ASSIGNEE INFORMATION

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::